PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10/044473

		CLAIMS AS	,	SMALL ENTITY			OTHER THAN					
(Column 1) (Column 2)							•	TYPE		OR	SMALL	
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9=		OR	X\$18=	** * ***
INDEPENDENT CLAIMS			minus 3 = *		*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	ı	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	• •	OTHER SMALL I	THAN
4		(Column 1) CLAIMS		(Colu		(Column 3)	1 1	SIVIALL		OR	SWALL	
AMENDMENTA		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 14	Minus	**	<u> 7</u>	= /		X\$ 9=	1	OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	S CLAIM	= /		X40=		OR	X80=	
<u> </u>	FINO3 FRESE	INTATION OF IM	DETIFIED DEF	CNDEN	CLAIIVI			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	· •
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	÷-
	Independent	NTATION OF MU	Minus	***	F CL AIM	=		X40=		OR	X80=	
	FIRST PRESE	INTATION OF IME	DETIPLE DEF	ENDEN	CLAIIVI	<u> </u>	J	+135=	* *	OR	+270=	
·z=	ا ہے۔ شخصیہ میدش	2 - 12 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15				•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT: FEE	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT.		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	★144 ★244 ★	Minus	**	Physical Property of the Party	en selektiva a - drij Berlinder		X\$ 9=	ny si sianaa siyaa	OR	X\$18=	
	Independent	** 19 (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Minus	***		= 7	li	X40=		O D	X80=	4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR-	- Linear Control	<u> </u>
								+135=	Topic Service	OR	+270=	T I
* If the entry in column 13 less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT: FEE OR ADDIT:												
-	n mie mignest Nu Tha "Highael Nila	iber Previously Pai	d For Hotal or	Independ	io icos u la	highest number	er fou	nd in the apr	ropriate bo	v in co	umn 1	